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I. Background

Section 201 of Public Law 91-616 provides that the Civil Service Commission shall be responsible for developing and maintaining, in cooperation with the Secretary of Health, Education and Welfare and with other Federal agencies and departments, appropriate prevention, treatment and rehabilitation programs and services for alcoholism and alcohol abuse among civilian employees.

II. Purpose

This issuance transmits to the heads of departments and agencies the guidelines for implementation of Public Law 91-616. These guidelines were developed in consultation with the Secretary, HEW, heads of agencies and the national labor organizations. The guidelines are purposely broad to permit development of programs by each department and agency that are most likely to provide effective rehabilitation opportunity to employees with problems relating to their use of alcohol.

III. Implementation

All agencies employing Federal civilian employees shall issue implementing internal instructions within the purview of these guidelines by December 1, 1971. Inherent in applying these guidelines is the understanding that there is no one "best" way to deal with alcoholism or problem drinking in the employment setting.

IV. Policy

As an employer, the Federal government is not concerned with the private decision of an employee to use or not to use alcoholic beverages. The use of alcoholic beverages is of concern to management only when it results either directly or indirectly in a job-related problem. A drinking problem exists when an employee's use of alcohol interferes with the efficient and safe performance of his assigned duties, reduces his dependability or reflects discredit on the agency. In such cases, Federal managers will take action in the form of (1) nondisciplinary procedures under which an employee with a drinking problem is offered rehabilitative assistance and (2) failing response which results in acceptable work performance, invoking regular disciplinary procedures for dealing with problem employees.

V. Definition of the Alcohol Problem

Alcoholism and the misuse of alcohol are sufficiently widespread that few of our social institutions escape their effects. Alcoholism is an illness affecting large numbers of Americans and is in no way restricted to persons in any particular economic, social, or occupational strata. The relationship of problem drinking to illness, accidents, crime, poverty, and a myriad of other problems

is becoming well known. Less well known is the impact of alcohol on the employer and the workplace. However, the Comptroller General's report on the effect of alcoholism among federal civilian employees estimated that payroll losses in the Federal service alone may amount to as much as \$550 million annually.

Alcoholism needs to be placed in perspective. In its Manual on Alcoholism published in 1967 the American Medical Association termed alcoholism as "a highly complex illness" and addressed the treatability of alcoholics as follows:

"Alcoholics are treatable patients. Because their illness is a chronic disorder with tendency toward relapse, it should be approached in much the same manner as are other chronic and relapsing medical conditions. The aim of treatment is then viewed more as one of control than cure. Abstinence is sought as a primary objective, but additional considerations, such as improved social or occupational adjustments, may be far better guides in evaluating the success or failure of a treatment effort. Temporary relapse with return to drinking, then, should not be equated with failure, any more than should the diabetic's occasional discontinuation of his diet or his insulin."

Several definitions that further serve to place the alcohol problem in perspective are the following:

Alcoholism: A chronic disease characterized by repeated excessive drinking which interferes with the individual's health, interpersonal relations, or economic functioning. If untreated, alcoholism becomes more severe and may be fatal. It may take several years to reach the chronic phase.

Alcoholic: An individual who has the illness alcoholism. His drinking is out of control and is self-destructive in many different ways. The term "recovered alcoholic" also describes the person who has undergone rehabilitation and whose disease has been arrested through abstinence.

Problem Drinker: To management, a problem drinker is any employee whose use of alcohol frequently affects his work adversely.

VI. Program Guidelines

A. Program Support and Endorsement

Agency programs should be designed to bring the problem into the open, and to inform all employees and managers of the Congressional policy established in the new law so that the social and moral stigma

are removed and the employee with a drinking problem or suffering from alcoholism will be encouraged to seek help.

A policy statement is one of the most important features of any program designed to deal with problem drinking among employees. An official statement issued by top management and understood all the way down the supervisory line is necessary so that all employees know that the program has full management support. It is a vital step toward obtaining optimum operation of the program.

Some agencies, in the past, have expressed a preference for operating their programs in a quiet, unofficial manner. Experience has shown that unless a formal policy is written and publicized, doubts occur about the sincerity of management in operating the program. Management need not be embarrassed about facing up to a health problem; indeed, there is more embarrassment inherent in "covering up" or "dealing unofficially" with a problem caused by an illness. Even if a small agency is unaware of any employees with drinking problems a formal and public statement is necessary to define what shall be done if, in the future, the agency encounters such a problem. Alcoholism, as a health condition, does not need to be hidden away.

B. Policy Statements

Policy statement should include the following declarations:

1. That the agency recognizes alcoholism as a treatable illness.
2. That for the purposes of the policy, alcoholism is defined as an illness in which the employee's job performance is impaired as a direct consequence of the abuse of alcohol.
3. That employees having the illness or other problems relating to the use of alcohol will receive the same careful consideration and offer of assistance that is presently extended to employees having any other illness.
4. That the agency is not concerned with the employee's use of alcohol except as it may affect his job performance or the efficiency of the service.
5. That no employee will have his job security or promotion opportunities jeopardized by his request for counseling or referral assistance, except as limited by Title II, Section 201(c)(2) of P.L. 91-616 relating to sensitive positions.
6. That the confidential nature of medical records of employees with drinking problems will be preserved in the same manner as all other medical records.
7. That sick leave will be granted for the purpose of treatment or rehabilitation as in any other illness.

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8. That employees who suspect they may have an alcoholism problem, even in the early stages, are encouraged to voluntarily seek counseling and information on an entirely confidential basis by contacting the individual(s) designated to provide such services.

C. Relationships With Labor Organizations

The support and active participation of labor organizations will be a key element to the success of an alcoholism program. Union officers and stewards who represent the employee concerning working conditions and personnel policy will also be influential in creating employee confidence in management's alcoholism policy. It is therefore essential that labor organizations understand management's sincere commitment to assist the employee with his drinking problem. Management should make it clear to union officials that an employee will be extended maximum assistance toward rehabilitation. However, it must also be understood that when the employee fails to raise his job performance to an acceptable level, appropriate action will be taken.

In order to assure the cooperation and support of labor organizations, management should deal with union representatives on program policy formulation, and maintain open lines of communication with union leaders. Union representatives, for example, could be included in briefing sessions or other training and orientation programs so that there will be mutual understanding of policy, referral procedure and other elements of the alcoholism program.

D. Program Direction

Once a policy and plan has been approved, it is important that there be continuing coordination and assessment of program activities. To accomplish this a Program Administrator should be designated at the headquarters level to direct the program on an agencywide basis. Additionally, an individual should be designated at each field installation to coordinate local operations of the program. Individuals selected for such assignments should be allotted sufficient official time to effectively implement the agency policy and program including bringing education and information to the work force, arranging or conducting supervisory training, developing and maintaining counseling capability (personnel, medical or other counseling resources), establishing liaison with community education, treatment and rehabilitation facilities, and evaluating the program and reporting to management on results and effectiveness.

Headquarters and field installation program personnel should be organizationally located so as to enable an overview of how the agency's efforts to deal with problem drinking are executed by the personnel, medical, and other functions assigned program responsibilities.

There is no special need to seek out recovered alcoholics to assume key roles, although some recovered alcoholics perform in an excellent manner because they are strong, motivated and knowledgeable in this area. However, if a recovered alcoholic is assigned as a Program Administrator or Program Coordinator, he should be familiar with treatment methods other than the one that was successful for him. It is just as essential that the individual selected be an experienced and effective administrator.

E. Role of the Personnel Office

Executive Order 9830 requires the head of each agency to designate a director of personnel to provide advice and assistance to him in carrying out his personnel management responsibilities. This director represents the agency head in personnel matters; consults with him on personnel policy matters; and develops, implements, and reviews the agency's personnel programs.

Chapter 250 of the Federal Personnel Manual cites the foregoing and identifies occupational health and alcoholism programs as elements of manpower utilization in which the manager, with the assistance of the personnel officer, should take action in carrying out these program responsibilities.

Accordingly, the personnel director and his organization should be assigned key program development, implementation, and review responsibilities consistent with responsibilities in other personnel management functions.

F. Community Resources

An effective alcoholism program should be tied to the community resources that are concerned with treatment of alcoholism. An important first step is identifying and establishing working relationships with community programs and resources which deal with information and education, treatment and rehabilitation. Such organizations typically include Alcoholics Anonymous groups, Al-Anon for the family members of persons with drinking problems, Al-A-Teen for the children of alcoholics, hospitals willing to admit patients with drinking problems, alcoholism information centers sponsored by organizations such as the National Council on Alcoholism, physicians interested in working with alcoholics, State or local government alcoholism clinics, and similar organizations. Information on local resources should be maintained on a current basis and be readily available to individuals providing counseling services to employees who may have drinking problems.

In those instances where a number of agencies are represented in a community, it is recommended that Federal managers coordinate their contacts with treatment and educational facilities in order to further the concept of a united Federal effort to deal with problem drinking

and alcoholism. In this regard, the use of FPM's, FBA's, labor organizations, or similar approaches should be considered in establishing communications in this program. Also, other employers including local government and private industry should be invited to participate in community surveys, liaison and similar activities related to dealing with alcoholism.

G. Role of the Supervisor

While alcoholism is not an occupational disease, it manifests itself in the form of poor work performance at the place of employment. Losses to the employer take the form of poor workmanship, errors in judgment, and absenteeism. The work setting offers definite advantages in dealing with problem drinking and alcoholism. Management and supervisors recognize the value of keeping a trained employee. Recognition that a valued employee has an illness raises this awareness. Early identification and rehabilitation of the worker with a drinking problem depend largely upon the efforts of nonmedical persons such as counselors and supervisors in particular. Unless the physician has the help of these individuals, his chances of helping the alcoholic or person with a drinking problem are greatly reduced.

1. Key Role of the Supervisor

The supervisor has a key role to play in making an agency program effective. Usually he is the only representative of management who has a close enough relationship to the employee to realize the existence of a problem that may be caused by drinking. However, the supervisor does not diagnose alcoholism; that is a decision for the physician.

When an employee does not appear to be in full control of his faculties the supervisor should immediately inquire about his physical condition but should be aware that appearance symptoms usually related to intoxication can apply to other illnesses as well. For example, tremors (shakes) can be a sign of thyroid imbalance, Parkinsonism or multiple sclerosis to name but a few; a flushed face, excessive perspiration, a tendency to slur words or a stagger in walking can also signify the presence of diseases which may not necessarily be related to alcoholism or drinking problems. Information on such cases should be relayed to the physician and the employee should be referred to the medical department, when appropriate, for emergency treatment and, where indicated, referred to the private physician or community health services. In the event such cases ultimately are determined to have stemmed from abuse of alcohol, counseling services should be offered the employee.

In summary, the supervisor is responsible for determining what constitutes satisfactory work performance by carrying out the following basic functions:

Approved For Release 2004/05/05 : CIA-RDP78-00052R000100080059-6

- a. To be alert, through continuing observation, to changes in the work and/or behavior of assigned employees.
- b. To document specific instances where an employee's work performance, behavior or attendance fails to meet minimum standards or where the employee's pattern of performance appears to be deteriorating.
- c. To consult with the medical and/or counseling staff for advice on probable causes of the employee problem.
- d. To conduct an interview with the employee focusing on poor work performance and informing the employee of available counseling services in the event poor performance is caused by any personal problem.
- e. If the employee refuses help and performance continues to be unsatisfactory, he is given a firm choice between accepting agency assistance through counseling or professional diagnosis of his problem, and cooperation in treatment if indicated, or accepting consequences provided by agency policy for unsatisfactory performance.

2. Development of Supervisors

To properly equip supervisors to carry out their critical role agencies should specifically acquaint all supervisors, managers, representatives of employee organizations, and ultimately every employee with the agency policy and program for dealing with alcoholism. To be supportive of the alcoholism program and contribute to increased supervisory effectiveness generally, agencies should take positive action in the development of supervisory skills in identifying deteriorating performance in employees and carrying out counseling responsibilities on the basis of job performance. Additionally, agencies should orient supervisors on the importance of firm and consistent application of corrective procedures and disciplinary policies as they relate to the alcoholism program.

II. Role of the Medical Department

1. Emergencies

Under the provisions of Office of Management and Budget Circular A-72 agencies may provide, as a part of the Federal Employee Occupational Health services, emergency diagnosis and first treatment of injury or illness that become necessary during working hours.

2. Counseling

In addition to emergency cases, the medical department should have the capability to provide consultation to supervisors in connection with their dealings with problem employees as well as to provide direct

counseling to employees. Based on the supervisor's documentation of declining work performance, attendance problems, disruptive behavior, etc., the medical department can become acquainted with the case history and be prepared to offer guidance to the supervisor and, when requested, counseling to the employee. In order to develop this kind of cooperative effort, clear working relationships should be spelled out for the medical department and supervisors concerned with employees with performance problems.*

Because alcoholism and problem drinking represent a unique illness, the medical staff should be provided with specialized training for recognition of alcohol abuse as well as instruction in counseling techniques appropriate for use in dealing with the problem drinker or the alcoholic.

VII. Relationship to Disciplinary Actions

The alcoholism program supplements, but does not replace, existing procedures for dealing with problem employees.

Its premise is that one type of problem employee is the alcoholic or problem drinker and that, in the case of this particular type of problem employee, a special situation exists. The employee is a problem because of repeated instances of uncontrollable drinking. The drinking he does is either an illness or a symptom of an illness and, as with other types of illnesses, it must be the agency's policy to try to assist him to recover his usefulness as an employee.

In practice the alcoholic or problem drinker should be dealt with little differently from other problem employees. The supervisor identifies the aspects of job performance that are not satisfactory, consults with the medical and/or counseling staff those cases that appear to be developing a trend, discusses aspects of below standard performance with the employee and advises him of availability of counseling assistance if the cause of poor performance stems from any personal problem. If the employee refuses to seek counseling and/or if there is no improvement or inadequate improvement in performance, disciplinary actions should be taken, as warranted, solely on the basis of unsatisfactory job performance.

In relating the alcoholism program to disciplinary policies and practices, it is most important that the alcoholism program be carried out as a nondisciplinary procedure aimed at rehabilitation of persons who suffer from a disease. There needs to be a clear understanding that shielding problem drinkers by tolerating poor performance clearly contributes to the progression of the employee's illness by delaying his entry into a rehabilitative program. However, failure on the part of the employee to

* The Commission recognizes that many small agencies lack the medical facilities to comply with this proposal. Where no local agency medical capability exists, agency program officials should seek the services of a neighboring federal agency facility or community resource.

accept the assistance offered through the program or to otherwise correct performance should be dealt with through disciplinary procedures.

VIII. Records and Reports

1. Maintenance of Records on Individuals

General supervisory documentation of employee job performance and actions taken to motivate correction of job deficiencies should be maintained, as with all employee records, in a strictly confidential manner. The responsibility for developing a responsive and useful job performance documentation system rests with agency officials.

Records on employees who have been referred for counseling, whether by medical, personnel, or other counseling specialists, should be maintained in the strictest confidence and accorded the same security and accessibility restrictions provided for medical records.

Records containing medical information and reports must be maintained according to requirements prescribed in EPM chapter 293, subchapter 3-3.

Official Personnel Folders shall not include information concerning an employee's alcohol problems or efforts to rehabilitate him except as they apply to specific charges leading to disciplinary or separation actions.

2. Statistical Reports

Agency Program Administrators should compile sufficient statistical data to provide the basis for evaluating the extent of alcoholism problems and the effectiveness of the counseling program. Reports will be prepared and submitted to agency management on a regular basis; a report will also be submitted to the Civil Service Commission annually.

The report to the Commission will include for each fiscal year beginning with Fiscal Year 1972: (1) the number of employees counseled by medical, personnel, or other counseling specialists where the counselor concluded that problem drinking was an issue and (2) the number of employees identified as having been helped through the alcoholism program. Instructions for reporting will be issued annually via a CSC Bulletin. The reports will be due on August 15, 1972, and on the same date each year thereafter. Reports will be submitted to:

U.S. Civil Service Commission
Bureau of Retirement, Insurance,
and Occupational Health
Occupational Health Division
Washington, D. C. 20415

Care should be taken that such records are purely statistical and do not identify individuals.

IX. Use of Sick Leave

A critical and necessary step is recognition by an individual with a drinking problem that alcoholism is a treatable disease. Employees who have made the decision to undergo a prescribed program of treatment which will require absence from work should be granted sick leave for this purpose.

X. Expenses of Rehabilitation

There is no provision in P.L. 91-616 for payment of Federal employee rehabilitation costs. An employee is responsible for the costs of treating his drinking problem just as he is for any other health condition. He may receive some financial help, as with other illnesses, from his Federal Employees Health Benefits Plan.

Various types of rehabilitative programs require different financial capabilities. Alcoholics Anonymous, for example, solicits only voluntary contributions, hence is freely available; employees who are veterans may be eligible for some assistance from the facilities of the Veterans Administration. Eligibility requirements and costs of alcohol rehabilitation agencies in the community should be explored by the Program Coordinator in order to have available complete information for counseling and employee referral purposes.

XI. Eligibility for Disability Retirement

This program does not jeopardize the employee's right to disability retirement if his condition warrants. Eligibility requirements and filing procedures are in FPM Supplement 831-1. Either the employee or the agency may submit an application for disability retirement.

XII. Employment Considerations

Section 201 (c)(1) of Public Law 91-616 states:

"No person may be denied or deprived of Federal civilian employment or a federal professional or other license or right solely on the grounds of prior alcohol abuse or prior alcoholism."

In considering applicants for Federal employment who have a history of alcoholism or problem drinking, the Commission will make its determination on the basis of whether or not the applicant is a good employment risk. In such cases the length of time since the last abuse of alcohol is less important than the steps taken by the applicant to secure treatment of his illness through medical care, rehabilitation and similar actions.

Attachment to IPM Ltr. No. 792.4 (12)

However, the foregoing does not apply to the limitations imposed by section 201(c)(2) of Public Law 91-616 which deals with sensitive positions and employment in agencies designated for purposes of national security by the President.

XIII. Acknowledgements and Recommended Source Material

This guide was developed using information derived from THE FIRST STEP, a publication by the Civil Service Commission which reported the proceedings of a conference dealing with drinking problems held in late 1967. The guide also incorporates many of the concepts embodied in THE KEY STEP, a Civil Service Commission publication which offered to Federal managers a model program to combat problem drinking. This PPM Letter replaces THE KEY STEP.

Special acknowledgement is due the American Medical Association, the National Council on Alcoholism, and the National Industrial Conference Board. These organizations granted our requests for permission to draw material from their publications in the development of these guidelines. The specific issuances are strongly recommended as reference sources for development of agency programs. They are:

1. Manual on Alcoholism -- 1967 (Available from the American Medical Association, 535 N. Dearborn Street, Chicago, Illinois 60610)
2. A Cooperative Labor-Management Approach to Employee Alcoholism Programs (Available from the National Council on Alcoholism, 2 Park Avenue, New York, New York 10016)
3. Company Controls for Drinking Problems (Available from the National Industrial Conference Board, 845 Third Avenue, New York, New York 10022)